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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Sylvain Dumet et al.
Title	Method for Routing Data Packets, and
Art Unit	Devices for Implementing the Method
Examiner Name	
Attorney Docket Number	PF020122

I hereby revoke all previous powers of attorney given in the above-identified application.

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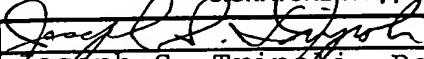
<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.			
Address	Patent Operations, P.O. Box 5312			
City	Princeton	State	NJ	Zip
Country	USA			
Telephone	609-734-6834	Fax	609-734-6888	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/18/05
Name	Joseph S. Tripoli, Reg. No. 26,040	Telephone	1-609-734-6834
Title and Company	Sr. Vice President, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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DATED this 15 day of March, in the year 2004.

B. S. Tripoli

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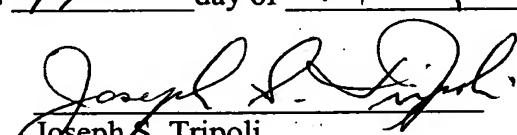
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DATED this 17th day of March, 2004.

SIGNED


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DATED this 17 day of March, 2004.

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